

Docket No. 2094/67723-A/JPW/GAGIFW \$
Box 509IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Paz Einat et al.
Serial No. : 10/618,143 Examiner: Peter J. Reddig
Filed : July 11, 2003 Group Art Unit: 1642
For : ISOCITRATE DEHYDROGENASE AND USES THEREOF

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: October 3, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	26	* 24	*** 2 X	\$25	\$50	= 50	
Independent Claims	13	** 13	*** 0 X	\$100	\$200	= 0	
Multiple Dependent Claim(s) Presented For First Time Yes No				\$180	\$360	= 0	
				TOTAL ADDITIONAL FEE \$ 50.00			

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 1,080.00 for a Petition for 5 Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 1,080.00

☒ A check in the amount of \$ 1,080.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

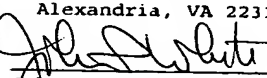
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this
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P.O. Box 1450
Alexandria, VA 22313-1450.

 10/3/06
John P. White Date
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